

## FINANCIAL INTERESTS

COMMISSION ON ETHICS

DATE RECEIVED

FOR OFFICE  
USE ONLY:

JUN 29 2012



HON MARTIN COLIN  
CIRCUIT JUDGE  
JUDICIAL CIRCUIT (15TH)  
ELECTED CONSTITUTIONAL OFFICER  
200 W ATLANTIC AVENUE  
DELRAY BEACH, FL 33444-3664

ID Code



ID No

95006

Conf Code

P. Req. Code

PROCESSED

CHECK IF THIS IS A FILING BY A CANDIDATE ☐

Colin, Martin

## PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2011, or a more current date. [Note Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3]

My net worth as of JUNE 1, 2012 was \$ 353,473

## PART B -- ASSETS

## HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes, jewelry; collections of stamps, guns, and numismatic items, art objects, household equipment and furnishings; clothing; other household items; and vehicles for personal use

The aggregate value of my household goods and personal effects (described above) is \$ 120,000

## ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)

VALUE OF ASSET

HOME - 501 NO. COUNTY CLUB DR. ATLANTIS, FL. 33462	650,000
CONDO - 610 LEMAITRE ST. UNIT 811 WEST PALM BEACH, FL. 33401	160,000
CONDO - 1/2 INTEREST - 870 FLANDERS R. DELRAY BEACH, FL. 33491	35,000
SABADELL NATIONAL BANK	8,000

## PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

OLWEN (HSBC BANK) P.O. BOX 24676 WEST PALM BEACH, FL. 33416 - HOME	390,000
LASALLE NATIONAL BANK 135 SO. LASALLE ST. # 1875 CHICAGO, ILL 60603 - CONDO MORTG	150,000
ITELCO ROSBUNG 9007 CHATEAU DU LOREIL LN. ODESSA, FL. 33536 - HOME	20,000
S. SINIAL 615 ATLANTIS BLVD ATLANTIS, FL. 33462 - HOME	60,000

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

FLANDERS R ASSOC. 6303 BANK OF COMMERCE BLVD BOCA RATON FL.	
33482 1/2 INTEREST WINTSON, MICHAEL	327-

## PART D -- INCOME

You may ***EITHER*** (1) file a complete copy of your 2011 federal income tax return, including all W2's, schedules, and attachments, ***OR*** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below

- ☐ I elect to file a copy of my 2011 federal income tax return and all W2's, schedules, and attachments.  
[If you check this box and attach a copy of your 2011 tax return, you need not complete the remainder of Part D.]

### PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
JUDICIAL SALARY	TALLAHASSEE, FL.	147,000
RENTAL INCOME	WEST PALM BEACH COND	13,800

### SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5].

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

## PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 5]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

## OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete

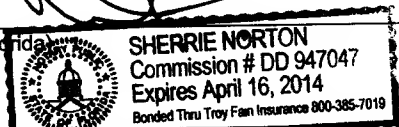
STATE OF FLORIDA  
COUNTY OF

Palm Beach

Sworn to (or affirmed) and subscribed before me this 27 day of

June, 20 12 by Martin H. Colin

(Signature of Notary Public--State of Florida)



(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced \_\_\_\_\_

Martin H. Colin  
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

**FILING INSTRUCTIONS** for when and where to file this form are located at the top of page 3.  
**INSTRUCTIONS** on who must file this form and how to fill it out begin on page 3.  
**OTHER FORMS** you may need to file are described on page 6.

JUN 29 2012

JUDICIAL QUALIFICATIONS COMMISSION FORM 6A  
Canon 6B(2), Code of Judicial Conduct

GIFT DISCLOSURE

All judicial officers must file with the Commission on Ethics on or before July 1 of each calendar year on the form set forth below a list of all gifts received during the previous calendar year of a value in excess of \$100.00, as provided in Canon 5D(5) and Canon 6B(2) of the Code of Judicial Conduct.

NAME: MARTIN H. COLIN TELEPHONE: 561-330-1750  
ADDRESS: 200 WEST ATLANTIC NE. DECATUR BRANCH, FL. 32444  
POSITION HELD: CIRCUIT COURT JUDGE

Please identify all gifts you received during the preceding calendar year of a value in excess of \$100.00, as required by Canon 5D(5) and Canon 6B(2) of the Code of Judicial Conduct.

Source	Value
<u>- 0 -</u>	<u>- 0 -</u>

PROCESSED

I certify that the foregoing list is complete, true and correct.

Martin H. Colin  
JUDGE

OATH

STATE OF FLORIDA  
COUNTY OF Palm Beach

Sworn to (or affirmed) and subscribed before me this 27 day of June, 2012  
by Martin H. Colin (name of person making statement).

(NOTARY SEAL)

(Signature of Notary Public State of Florida)



(Name of Notary Public-Typed, Printed or Stamped)

Personally Known ☒ OR Produced Identification ☐  
Type of Identification  
Produced

(ORIGINAL OF THIS FORM FILED WITH COMMISSION ON ETHICS; COPY FILED WITH JUDICIAL QUALIFICATIONS COMMISSION)

FOR OFFICE USE ONLY:

COMMISSION ON ETHICS  
DATE RECEIVED

JUN 28 2013



\*\*\*\*\*AUTO\*\*MIXED AADC 323 T6 P1 25

Hon Martin Colin  
Circuit Judge  
Judicial Circuit (15Th)  
Elected Constitutional Officer  
200 W Atlantic Ave  
Delray Beach, FL 33444-3664

PROCESSED

ID Code



ID No 95006

Conf. Code

P. Req. Code \*\*\*\*\*

Colin, Martin

CHECK IF THIS IS A FILING BY A CANDIDATE ☐

## PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2012, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of JUNE 1, 20 13 was \$ 455,300.

## PART B -- ASSETS

## HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ 120,000

## ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
HOME - 501 NW COUNTRY CLUB DR. ATLANTIS, FL. 33462	650,000
CONDO - 610 CLEMATIS ST. UNIT 811 WEST PALM BEACH, FL. 33401	180,000
CONDO - 112 INTEREST - 840 FLANDERS A DELRAY BEACH FL. 33496	25,000
SABADELL UNITED BANK WEST PALM BEACH, FL. 33409 - <sup>INTEREST</sup> <sub>ACCOUNT</sub>	8,700

## PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
OWEN (HSBC BANK) P.O. BOX 27646 WEST PALM BEACH FL. 33401 - <sup>HOME</sup> <sub>MOVT.</sub>	290,000
OWEN (LAZARUS NAT'L BANK) P.O. BOX 27646 WEST PALM BEACH FL. 33401 - <sup>CONDO</sup> <sub>MOVT.</sub>	148,000
HELEN ROSSINI 900Y CHATEAU DU SOLIEU LN. BOSSA FL. 33536 - <sup>2ND MOVT</sup> <sub>HOME</sub>	28,000
S. SIAPAL 615 ATLANTIS WAY ATLANTIS, FL. 33462 - NONE	60,000

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
FLANDERS A. ASSOC. 6300 BANK OF COMMERCIAL BLVD. BOCA RATON FL 33457 1/2 INTEREST WITH SON, MICHAEL	2400

**PART D -- INCOME**

You may ***EITHER*** (1) file a complete copy of your 2012 federal income tax return, *including all W2's, schedules, and attachments*, ***OR*** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

- ☐ I elect to file a copy of my 2012 federal income tax return and all W2's, schedules, and attachments.  
[If you check this box and attach a copy of your 2012 tax return, you need not complete the remainder of Part D.]

**PRIMARY SOURCES OF INCOME (See instructions on page 5):**

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
JUDICIAL SALARY	TALLAHASSEE, FL	138,000
RENTAL INCOME	WEST PALM BEACH, FL. CONDO	15,000

**SECONDARY SOURCES OF INCOME** [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

**PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]**

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

**OATH**

STATE OF FLORIDA  
COUNTY OF Palm Beach

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate and complete.

Sworn to (or affirmed) and subscribed before me this 25 day of

June, 20 13 by Martin H. Colin



SHERRIE NORTON  
Commission # DD 947047  
Expires April 16, 2014  
Bonded Thru Troy Fain Insurance 800-385-7019

(Signature of Notary Public--State of Florida)

Sherrie Norton  
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced \_\_\_\_\_

[Signature]  
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

**FILING INSTRUCTIONS** for when and where to file this form are located at the top of page 3.  
**INSTRUCTIONS** on who must file this form and how to fill it out begin on page 3.  
**OTHER FORMS** you may need to file are described on page 6.

## JUDICIAL QUALIFICATIONS COMMISSION FORM 6A

Canon 6B(2), Code of Judicial Conduct

JUN 28 2013

GIFT DISCLOSURE

All judicial officers must file with the Commission on Ethics on or before July 1 of each calendar year on the form set forth below a list of all gifts received during the previous calendar year of a value in excess of \$100.00, as provided in Canon 5D(5) and Canon 6B(2) of the Code of Judicial Conduct.

NAME: MARTIN H. COLIN TELEPHONE: 561-330-1750  
 ADDRESS: 200 WEST ATLANTIC AVE. DELRAY BEACH, FL. 33444  
 POSITION HELD: CIRCUIT COURT JUDGE

Please identify all gifts you received during the preceding calendar year of a value in excess of \$100.00, as required by Canon 5D(5) and Canon 6B(2) of the Code of Judicial Conduct.

<u>Source</u>	<u>Value</u>
<u>---</u>	

I certify that the foregoing list is complete, true and correct.

[Signature]  
JUDGE

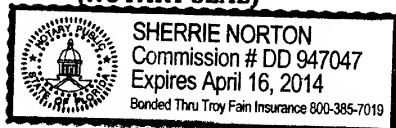
OATH

STATE OF FLORIDA

COUNTY OF Palm Beach

Sworn to (or affirmed) and subscribed before me this 25 day of June, 2013  
 by Martin H. Colin (name of person making statement).

(NOTARY SEAL)



[Signature]  
(Signature of Notary Public-State of Florida)

Sherrie Norton  
(Name of Notary Public-Typed, Printed or Stamped)

Personally Known ☒ OR Produced Identification ☐  
 Type of Identification  
 Produced

(ORIGINAL OF THIS FORM FILED WITH COMMISSION ON ETHICS; COPY FILED WITH JUDICIAL QUALIFICATIONS COMMISSION)

FOR OFFICE USE ONLY:

FLORIDA  
COMMISSION ON ETHICS

JUN 27 2014

RECEIVED

PROCESSED

Hon Martin Colin  
Circuit Judge  
Judicial Circuit (15Th)  
Elected Constitutional Officer  
200 W Atlantic Ave  
Delray Beach FL 33444-3664



ID Code



ID No. 95006

Conf. Code

Colin, Martin

CHECK IF THIS IS A FILING BY A CANDIDATE ☐

## PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2013, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of JUNE 1, 2014 was \$ 472,400

## PART B -- ASSETS

## HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ 120,000.00

## ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
HOME - 501 NO. COUNTRY CLUB DR. ATLANTIS, FL. 33467	650,000
CONDO - 610 CLEMATIS ST. UNIT 811 WEST PALM BEACH, FL. 33401	190,000
CONDO - 1/2 INTEREST 840 FLAMINGO R. DELRAY BEACH, FL. 33446	25,000
SABADELL UNITED BANK. WEST PALM BEACH, FL. 33409	8,600

## PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
OCWEN (HSBC BANK) P.O. BOX 24646 WEST PALM BEACH, FL. 33401 - MORT.	285,000
OCWEN (LASALLE NATIONAL BANK) P.O. BOX 24646 WEST PALM BEACH, FL. 33401 - MORT.	146,000
ITAWA ROXBURG 9004 CHATEAU DU SOLIER LN. OREGON, FL. 33536 - MORT.	28,000
S. SIAPAL 615 ATLANTIS WAY ATLANTIS FL. 33462 - MORT.	60,000

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
FLAMINGO R. CONDO ASSOC. 6300 BANK OF COMMERCE BLVD	2200
BOCA RATON, FL. 33487 1/2 INTEREST WITH SON,	
MICHAEL	

**PART D -- INCOME**

You may ***EITHER*** (1) file a complete copy of your 2013 federal income tax return, *including all W2's, schedules, and attachments*, ***OR*** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

- ☐ I elect to file a copy of my 2013 federal income tax return and all W2's, schedules, and attachments.  
[If you check this box and attach a copy of your 2013 tax return, you need not complete the remainder of Part D.]

**PRIMARY SOURCES OF INCOME** (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
JUDICIAL SALARY	TALLAHASSEE, FL.	136,000
RENTAL INCOME	WEST PALM BEACH FL. COND	15,000

**SECONDARY SOURCES OF INCOME** [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

**PART E -- INTERESTS IN SPECIFIED BUSINESSES** [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

**OATH**

STATE OF FLORIDA  
COUNTY OF

Palm Beach

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

Sworn to (or affirmed) and subscribed before me this 24 day of

June, 2014 by Martin H. Colin



Notary Public State of Florida  
Sherrie R Norton  
My Commission FF 108130  
Expires 04/16/2018

(Signature of Notary Public--State of Florida)

Sherrie Norton

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced \_\_\_\_\_

Martin H. Colin  
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, \_\_\_\_\_, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature

Date

**Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.**



PROCESSED

FLORIDA  
COMMISSION ON ETHICS  
JUN 27 2014  
RECEIVED

JUDICIAL QUALIFICATIONS COMMISSION FORM 6A  
Canon 6B(2), Code of Judicial Conduct

GIFT DISCLOSURE

All judicial officers must file with the Commission on Ethics on or before July 1 of each calendar year on the form set forth below a list of all gifts received during the previous calendar year of a value in excess of \$100.00, as provided in Canon 5D(5) and Canon 6B(2) of the Code of Judicial Conduct.

NAME: MARTIN H. COLIN TELEPHONE: 561-330-1750  
ADDRESS: 200 WEST ATLANTIC AVE. ARLAAT BEACH FL. 33444  
POSITION HELD: CIRCUIT COURT JUDGE

Please identify all gifts you received during the preceding calendar year of a value in excess of \$100.00, as required by Canon 5D(5) and Canon 6B(2) of the Code of Judicial Conduct.

<u>Source</u>	<u>Value</u>
<u>- - -</u>	

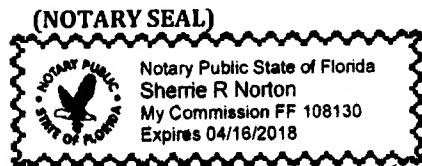
I certify that the foregoing list is complete, true and correct.

Martin H. Colin  
JUDGE

OATH

STATE OF FLORIDA  
COUNTY OF Palm Beach

Sworn to (or affirmed) and subscribed before me this 24 day of June, 2014,  
by Martin H. Colin (name of person making statement).



Sherrie R Norton  
(Signature of Notary Public-State of Florida)

Sherrie Norton  
(Name of Notary Public-Typed, Printed or Stamped)

Personally Known ☒ OR Produced Identification ☐  
Type of Identification  
Produced

(ORIGINAL OF THIS FORM FILED WITH COMMISSION ON ETHICS; COPY FILED WITH JUDICIAL QUALIFICATIONS COMMISSION)

FOR OFFICE USE ONLY:

FLORIDA  
COMMISSION ON ETHICS

JUN 22 2015

RECEIVED



ID Code

ID No. 95006

Conf. Code

Colin , Martin

\*\*\*\*\*AUTO\*\*MIXED AADC 323 T5 P1146

Hon Martin Colin  
Circuit Judge  
Judicial Circuit (15Th)  
Elected Constitutional Officer  
200 W Atlantic Ave  
Delray Beach FL 33444-3664CHECK IF THIS IS A FILING BY A CANDIDATE ☐

## PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2014. [Note: Net worth is calculated by subtracting your *reported* liabilities from your *reported* assets, so please see the instructions on page 3.]My net worth as December 31, 2014 was \$ 492,026

## PART B -- ASSETS

## HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is \$ 120,000

## ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
HOME - 501 ND. COUNTRY CLUB DR. ATLANTIS, FL. 33462	650,000
CONDO - 610 CLEMATIS ST UNIT 811 WEST PALM BEACH, FL. 33401	192,000
CONDO - 1/2 INTEREST 840 FLANDERS RD DELRAY BEACH, FL. 33496	25,000
SABADELL UNITED BANK WEST PALM BEACH, FL. 33409	9100
FDS - BRID - VESTED	18,436

## PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
OCUWEN (HSBC BANK) P.O. BOX 24646 WEST PALM BEACH, FL. 33401 - HOME MORT.	282,445
OCUWEN (CITIBANK NATIONAL BANK) P.O. BOX 24646 WEST PALM BEACH, FL. 33401 - CONDO - MORT.	139,877
HELEN ROSSBURG 9004 CITADEAU DU SOLIEU LN. ODESSA, FL. 33536 - SECOND HOME	30,295
S. SINARL 615 ATLANTIS WAY ATLANTIS FL. 33462 - NONE	60,000

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
FLANDERS R. CONDO ASSOC. 6300 BANK OF COMMERCIAL BLVD	1898
BOCA RATON, FL. 33487 1/2 INTEREST W. AT SON, MICHAEL	
SABADELL UNITED BANK WEST PALM BEACH, FL. 33409 - CREDIT LINE	7995

## PART D -- INCOME

You may ***EITHER*** (1) file a complete copy of your 2014 federal income tax return, including all W2's, schedules, and attachments, ***OR*** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

- ☐ I elect to file a copy of my 2014 federal income tax return and all W2's, schedules, and attachments.  
[If you check this box and attach a copy of your 2014 tax return, you need not complete the remainder of Part D.]

### PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
JUDICIAL SALARY	TALLAHASSEE, FL	136,000
GENERAL INCOME	WEST PALM BEACH, FL	15,000

### SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

## PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

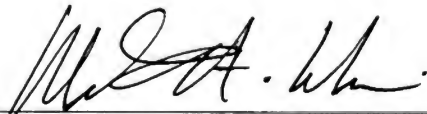
## PART F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

☐ I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

## OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.



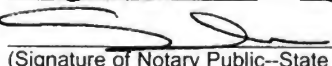
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA  
COUNTY OF

Palm Beach

Sworn to (or affirmed) and subscribed before me this 16 day of

June, 20 15 by Martin H. Colin

  
(Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)  
Notary Public State of Florida  
Sherrie R Norton  
My Commission FF 108130  
Expires 04/16/2018

Personally Known ☒ OR

Type of Identification Produced

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, \_\_\_\_\_, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature

Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

JUDICIAL QUALIFICATIONS COMMISSION FORM 6A  
Canon 6B(2), Code of Judicial Conduct

RECEIVED

GIFT DISCLOSURE

All judicial officers must file with the Commission on Ethics on or before July 1 of each calendar year on the form set forth below a list of all gifts received during the previous calendar year of a value in excess of \$100.00, as provided in Canon 5D(5) and Canon 6B(2) of the Code of Judicial Conduct.

NAME: MARTIN H. COLIN TELEPHONE: 561-330-1750  
ADDRESS: 200 WEST ATLANTIC AVE DELRAY BEACH, FL. 33444  
POSITION HELD: CIRCUIT COURT JUDGE

Please identify all gifts you received during the preceding calendar year of a value in excess of \$100.00, as required by Canon 5D(5) and Canon 6B(2) of the Code of Judicial Conduct.

Source	Value
<u>---</u>	

PROCESSED

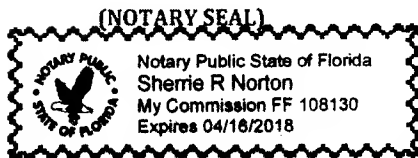
I certify that the foregoing list is complete, true and correct.

[Signature]  
JUDGE MARTIN H. COLIN

OATH

STATE OF FLORIDA  
COUNTY OF Palm Beach

Sworn to (or affirmed) and subscribed before me this 16 day of June, 2015,  
by Martin H. Colin (name of person making statement).



[Signature]  
(Signature of Notary Public-State of Florida)

Sherrie R. Norton  
(Name of Notary Public-Typed, Printed or Stamped)

Personally Known ☒ OR Produced Identification ☐  
Type of Identification  
Produced \_\_\_\_\_

(ORIGINAL OF THIS FORM FILED WITH COMMISSION ON ETHICS; COPY FILED WITH JUDICIAL QUALIFICATIONS COMMISSION)

## FORM 6

## FULL AND PUBLIC DISCLOSURE

2015

Please print or type your name, mailing address, agency name, and position below:

## OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

95006

FLORIDA

COMMISSION ON ETHICS

JUN 30 2016

RECEIVED

PROCESSED

LAST NAME — FIRST NAME — MIDDLE NAME:

COLIN, MARTIN H.

MAILING ADDRESS:

205 NO. DIXIE HWY

CITY:

ZIP:

COUNTY:

WEST PALM BEACH 33401 PALM BEACH

NAME OF AGENCY:

15TH JUDICIAL CIRCUIT

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

CIRCUIT COURT JUDGE

CHECK IF THIS IS A FILING BY A CANDIDATE ☐

## PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2015 or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of 6/27, 20 16 was \$ 530,142

## PART B -- ASSETS

## HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is \$ 120,000

## ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
HOME - 501 NO. COUNTY CLUB DR. ATLANTA FL. 33462	650,000
CONDO - 1/2 INTEREST 840 FLANDERS R DELRAY BEACH, FL 33496	25,000
F.A.S. - DROP - VESTED	102,142

## PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
OCWEN (HSBC BANK) P.O. BOX 24646 WEST PALM BEACH, FL. 33401 - HOME	273,647
HELEN ROSBURG 9004 CHATEAU DES OLIVIER LN - ODESSA, FL. 33536 - SECOND MORTGAGE	30,295
S. SIMPSON 615 ATLANTIS WAY ATLANTA FL. 33462 - NONE	60,000

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
FLANDERS R. CONDO ASS'N - 6300 BANK OF COMMENCE BLVD BOCA RATON, FL 33378 - 1/2 INTEREST W/ SON - MICHAEL	942
SABADELL BANK WEST PALM BEACH, FL 33409 - CREDIT LINE	872

**PART D -- INCOME**

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2015 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

- ☐ I elect to file a copy of my 2015 federal income tax return and all W2's, schedules, and attachments.  
[If you check this box and attach a copy of your 2015 tax return, you need not complete the remainder of Part D.]

**PRIMARY SOURCES OF INCOME (See instructions on page 5):**

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
JUDICIAL SALARY	TALLAHASSEE, FL.	136,000
NETWORTH INCOME	DEER BEACH, FL.	3600

**SECONDARY SOURCES OF INCOME** [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

**PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]**

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

**PART F - TRAINING**

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

- ☐ I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

**OATH**

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA  
COUNTY OF

Palm Beach

Sworn to (or affirmed) and subscribed before me this 27 day of

June, 20 16 by Martin H. Galia

(Signature of Notary Public--State of Florida)



Notary Public State of Florida  
Sherrie R Norton  
My Commission FF 108130  
Expires 04/16/2018

(Print, Type, or Stamp Commissioned Name and Title)

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced \_\_\_\_\_

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, \_\_\_\_\_, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature

Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

PROCESSED

95006  
FLORIDA  
COMMISSION ON ETHICS

JUN 30 2016

RECEIVED

JUDICIAL QUALIFICATIONS COMMISSION FORM 6A  
Canon 6B(2), Code of Judicial Conduct

GIFT DISCLOSURE

All judicial officers must file with the Commission on Ethics on or before July 1 of each calendar year on the form set forth below a list of all gifts received during the previous calendar year of a value in excess of \$100.00, as provided in Canon 5D(5) and Canon 6B(2) of the Code of Judicial Conduct.

NAME: MARTIN H. COLIN TELEPHONE: 561-355-7839

ADDRESS: 205 NO. DIXIE HWY WEST PALM BEACH, FL 33401

POSITION HELD: CIRCUIT COURT JUDGE

Please identify all gifts you received during the preceding calendar year of a value in excess of \$100.00, as required by Canon 5D(5) and Canon 6B(2) of the Code of Judicial Conduct.

<u>Source</u>	<u>Value</u>
<u>- 0 -</u>	

I certify that the foregoing list is complete, true and correct.

M. H. Colin  
JUDGE MARTIN H. COLIN

OATH

STATE OF FLORIDA  
COUNTY OF Palm Beach

Sworn to (or affirmed) and subscribed before me this 27 day of June, 2016  
by Martin H. Colin (name of person making statement).

(NOTARY SEAL)

(Signature of Notary Public, State of Florida)



Notary Public State of Florida  
Sherrie R Norton  
My Commission FF 108130  
Expires 04/16/2018

(Name of Notary Public, Typed, Printed or Stamped)

Personally Known ☒ OR Produced Identification ☐  
Type of Identification  
Produced \_\_\_\_\_

(ORIGINAL OF THIS FORM FILED WITH COMMISSION ON ETHICS; COPY FILED WITH JUDICIAL QUALIFICATIONS COMMISSION)